

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: December 2, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CFR)?::
Number of Copies of CFR::
Title:: SCALABLE RENAME MAP TABLE RECOVERY
Attorney Docket Number:: 42339-193264
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets:: None
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Country:: USA
Status:: Full Capacity
Given Name:: Haitham
Middle Name:: H.
Family Name:: AKKARY
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: USA
Street of Mailing Address:: 12572 NW Bayonne Lane
City of Mailing Address:: Portland
State or Province of Mailing Address:: OR
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 97229

Applicant Authority Type:: Inventor
Primary Citizenship:: Indian
Country:: USA
Status:: Full Capacity
Given Name:: Ravi
Middle Name::
Family Name:: RAJWAR
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: USA
Street of Mailing Address:: 1511 SW Park Ave., #612

City of Mailing Address:: Portland
State or Province of Mailing Address:: OR
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 97201

Applicant Authority Type:: Inventor
Primary Citizenship:: Indian
Country:: USA
Status:: Full Capacity
Given Name:: Srikanth
Middle Name:: T.
Family Name:: SRINIVASAN
Name Suffix::

City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: USA
Street of Mailing Address:: 12572
City of Mailing Address:: NW Bayonne Lane
State or Province of Mailing Address:: Portland
Country of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97229

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer **26694**
Number::

Phone Number:: **202-344-8000**

Fax Number:: **202-344-8300**

E-Mail Address:: **Venable.com**

Representative Information

Representative Customer **26694**
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

For ign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Intel Corporation (a Delaware corporation)
Street of Mailing Address:: 2200 Mission College Boulevard
City of Mailing Address:: Santa Clara
State or Province of Mailing Address:: California
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 95052